

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/018396

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		2					53					
4	1						54					
5		1					55					
6		2					56					
7		2					57					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL	2	2					TOTAL					
IND.							IND.					
DEP.							DEP.					
TOTAL							CLAIMS					